

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10045675
APPLICANT(S)

FILING DATE
1

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6		2		2		
7	1		1			
8		1		1		
9		2		2		
10		2		2		
11		2		2		
12		2		2		
13	1		1			
14	1		1			
15		1		1		
16	1		1			
17		1		1		
18		4		4		
19		4		4		
20			1			
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48						
49						
50						
TOTAL IND.	5		6			
TOTAL DEP.	24		24			
TOTAL CLAIMS	29		30			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						